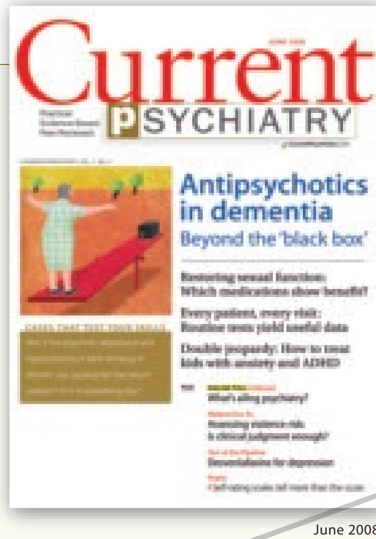
'What's ailing psychiatry?' Patient care is top concern

I thank my colleagues who responded to my survey about challenges facing psychiatry ("Your vote, please: What's ailing psychiatry?" From the Editor, CURRENT PSYCHIATRY, June 2008, p. 17-18).

Survey results indicate that psychiatrists care more about their patients than their pocketbooks. The 3 top-rated challenges address the "broken" public mental health system, lack of parity for mental illness, and the shortage of beds to hospitalize psychiatric patients. Close behind are inadequate philanthropy for psychiatric causes—such as education, research, and clinical programs—and dismal lack of adequate primary care for the seriously mentally ill. Unreimbursed time spent on paperwork, persistent stigma, and shrinking funds for research were tied, and low compensation for psychiatrists ranked after those.



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Among the lowest-ranked challenges, the high rate of off-label psychotropic use was considered least important, which makes sense given how many psychiatric disorders have no FDA-approved drugs. Similarly, the lack of evidence-based psychotherapy research may reflect the fact that a large portion of today's psychiatric work is assessment, differential diagnosis, and medical management rather than psychotherapy. Other mental health professionals are doing the bulk of psychotherapeutic interventions.

Let me end by expressing my surprise that not one reader wrote about psychologists' push for prescribing privileges as a threat to psychiatry—which I deliberately did not include on my list—even though it is a hot-button issue. This suggests to me that so many issues impact psychiatric practice that psychologists are under the radar. However, I expect this issue will re-emerge in the future.

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Editor-in-Chief

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More challenges to consider

I agree with Dr. Nasrallah's observation that "As psychiatry's promise grows, however, so do its frustrations." In addition to Dr. Nasrallah's list of 17 challenges to psychiatry, I propose adding the proliferation of industry-sponsored continuing medical education, unpublished unfavorable industry-sponsored research, and potential conflicts of interest when physicians are compensated by industry for conducting educational symposia.

Steven Singer, MD
Madison, WI

Don't abandon psychotherapy

I was surprised that I did not see my first choice of challenges to psychiatry on Dr. Nasrallah's list: psychiatrists doing "med checks" and ignoring psychotherapy. This trend is bad for patients and psychiatrists.

Our relationship with patients is what allows healing to begin. Medications are fertilizer for the barren soil, and psychotherapy is the hard work of planting and tending the fields. We kid ourselves when we think medications are going to "fix" people.

Craig Heacock, MD
Fort Collins, CO

Need to keep patients longer

I believe the ridiculously brief inpatient stays and restrictions on available medications are the worst part of psychiatric practice. Reports of patients going berserk fail to note the restrictions placed on physicians in maintaining long-term care.

In New Zealand, inpatient commitment laws—although complex—allow a patient to be involuntarily committed when it is foreseeable that the patient will decompensate without medications or other treatments. This policy permits much better long-term treatment.

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Visit CurrentPsychiatry.com to see how your colleagues ranked Dr. Nasrallah's 17 challenges facing psychiatry.

To comment on articles in this issue or other topics, send letters in care of Erica Vonderheid, CURRENT PSYCHIATRY, 110 Summit Avenue, Montvale, NJ 07645, erica.vonderheid@dowdenhealth.com or visit CurrentPsychiatry.com and click on the "Send Letters" link.

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